

Last updated: November 2022

Medical Office Survey on Patient Safety

Please complete the following survey; it should take no longer than 15 minutes to complete. It will help us learn about patient safety at your organization.

SURVEY INSTRUCTIONS

Think about the way things are done in **your** medical office and provide your opinions on issues that affect the overall safety and quality of the care provided to patients in your office.

- In this survey, the term **provider** refers to physicians, physician assistants, and nurse practitioners who diagnose, treat patients, and prescribe medications. The term **staff** refers to all others who work in the office.
 - If a question does not apply to you or you don't know the answer, please check "Does Not Apply or Don't Know."
 - If you work in more than one office or location for your practice, when answering this survey answer only about the office location where you received this survey—do not answer about the entire practice.
 - If your medical office is in a building with other medical offices, answer only about the specific medical office where you work—do not answer about any other medical offices in the building.

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrg.hhs.gov.

SECTION A: List of Patient Safety and Quality Issues

The following items describe things that can happen in medical offices that affect patient safety and quality of care. In your best estimate, how often did the following things happen in your medical office OVER THE PAST 12 MONTHS?

| Acc | ess to Care | Daily | Weekly | Monthly | Several times in the past 12 months | Once or twice in the past 12 months | Not in the past 12 months | Does Not Apply or Don't Know |
|------|--|--------------|-------------|-----------------------|---|---|---------------------------|---------------------------------------|
| 1. | A patient was unable to get an appointment within 48 hours for an acute/serious problem | | \square_2 | Пз | □ 4 | □ 5 | \square_6 | □ 9 |
| Pati | ent Identification | | | | | | | |
| 2. | The wrong chart/medical record was used for a patient | \square_1 | \square_2 | \square_3 | \square_4 | \square_5 | \square_6 | □ 9 |
| Cha | rts/Medical Records | | | | | | | |
| 3. | A patient's chart/medical record was not available when needed | \square_1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ ₆ | □ 9 |
| 4. | Medical information was filed, scanned, or entered into the wrong patient's chart/medical record | \square_1 | \square_2 | □3 | □ 4 | □ 5 | \square_6 | □ 9 |
| Med | lical Equipment | | | | | | | |
| 5. | Medical equipment was not working properly or was in need of repair or replacement | \square_1 | \square_2 | □ ₃ | □ 4 | □ 5 | \square_6 | □ 9 |
| How | SECTION A: List of | | | - | | • | <u> </u> | ? |
| | • | Daily | Weekly | Monthly | Several times in the past | Once or twice in the past 12 | Not in the past 12 months | Does Not |
| Med | lication | | | | 0 | | | |
| 6. | A pharmacy contacted our office to clarify or correct a prescription | \square_1 | \square_2 | □3 | \square_4 | \square_5 | □ ₆ | |
| 7. | A patient's medication list was not updated during his or her visit | | \square_2 | Пз | \square_4 | □ ₅ | \square_6 | 9 |
| Diag | gnostics & Tests | | | | | | | |
| 8. | The results from a lab or imaging test were not available | \square_1 | \square_2 | Пз | \square_4 | \square_5 | \square_6 | |

| | when needed | | | | | | | | |
|----|--|-------------------|--------------------|--------------------|------------------------|------------------------------------|---|---|---------------------------------------|
| 9. | A critical abnormal result from lab or imaging test was not followed up within 1 business day | a □1 | . □2 | |]3 [| 1 4 | □ ₅ | □ ₆ | □ 9 |
| | | | | | | | | | |
| | SECTION B: | Inform | ation Ex | chang | e With | Other 9 | Settings | | |
| | Over the past 12 months, how often has your medical office had <i>problems exchanging accurate, complete,</i> and timely information with: | | | | | | | | |
| | | Problems daily | Problems weekly | Probler month | sev tir ns in th | veral nes e past ir | Problems once or twice on the past 2 months | No problems in the past 12 months | Does Not Apply or Don't Know |
| 1. | Outside labs/imaging centers? | П1 | \square_2 | | . [| \Box_4 | □ ₅ | \square_6 | |
| 2. | Other medical offices/ outside physicians? | \square_1 | \square_2 | Пз | . [| \Box_4 | \square_5 | \square_6 | |
| 3. | Pharmacies? | \square_1 | \square_2 | Пз | | \square_4 | \square_5 | \square_6 | <u> </u> |
| 4. | Hospitals? | \square_1 | \square_2 | Пз | . [| \square_4 | \square_5 | \square_6 | 9 |
| 5. | Other ? (Specify): | \square_1 | \square_2 | Пз | . [| \beth_4 | \square_5 | \square_6 | |
| | | | | | | | | | 1 |
| | SECTI | ON C: V | Vorking | in You | r Medio | cal Offi | ce | | |
| | 02011 | | | | | | | | |
| | v much do you agree or disagr owing statements? | ee with th | | rongly sagree D | Disagree | Neither Agree nor Disagre | | Strongly Agree | Does Not Apply or Don't Know |
| 1. | When someone in this office ge others help out | - | - | □ ₁ | \square_2 | \square_3 | \square_4 | \square_5 | 9 |
| 2. | In this office, there is a good wo relationship between staff and p | | | □ ₁ | \square_2 | \square_3 | \square_4 | \square_5 | □ 9 |
| 3. | In this office, we often feel rush care of patients | | - | 1 | \square_2 | Пз | □ 4 | \square_5 | 9 |
| 4. | This office trains staff when new put into place | | | □ ₁ | \square_2 | \square_3 | □ 4 | \square_5 | □ 9 |
| 5. | In this office, we treat each other | er with res | pect | \square_1 | \square_2 | \square_3 | □ 4 | \square_5 | 9 |
| 6. | We have too many patients for | the numbe | er of | \square_1 | \square_2 | \square_3 | \square_4 | \square_5 | □ 9 |

| | providers in this office | | | | | |
|-----|--|-------------|-------------|-------------|-----------------------|------------|
| 7. | This office makes sure staff get the on-the-job training they need 1 | \square_2 | Пз | □ 4 | □ 5 | □ 9 |
| 8. | This office is more disorganized than it should be | \square_2 | \square_3 | \square_4 | □ ₅ | 9 |
| 9. | We have good procedures for checking that work in this office was done correctly | \square_2 | \square_3 | □ 4 | □ ₅ | □ 9 |
| 10 | Staff in this office are asked to do tasks they haven't been trained to do1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ 9 |
| 11. | We have enough staff to handle our patient load \square_1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ 9 |
| 12. | We have problems with workflow in this office \square_1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ 9 |
| 13. | This office emphasizes teamwork in taking care of patients | \square_2 | \square_3 | 4 | □ 5 | 9 |
| 14. | This office has too many patients to be able to handle everything effectively | \square_2 | \square_3 | □ 4 | □ 5 | □ 9 |
| 15. | Staff in this office follow standardized processes to get tasks done $_1$ | \square_2 | \square_3 | □ 4 | □ 5 | □ 9 |
| | | | | | l | |

SECTION D: Communication and Followup

| | w often do the following things happen in ur medical office? | Never | Rarely | Some- times | Most of the time | Always | Apply o Don't Know |
|----|---|----------------|-------------|-----------------------|------------------|-----------------------|--------------------|
| 1. | Providers in this office are open to staff ideas about how to improve office processes | \square_1 | \square_2 | □ 3 | \square_4 | □ ₅ | |
| 2. | Staff are encouraged to express alternative viewpoints in this office | □ ₁ | \square_2 | □ ₃ | 1 4 | □ ₅ | □9 |
| 3. | This office reminds patients when they need to schedule an appointment for preventive or routine care | \square_1 | \square_2 | Пз | □ 4 | □ 5 | |
| 4. | Staff are afraid to ask questions when something does not seem right | <u>1</u> | \square_2 | □ 3 | 4 | \square_5 | □9 |

| 5. | This office documents how well our chronic- care patients follow their treatment plans | ₁ | \square_2 | \square_3 | 1 4 | □ 5 | 9 |
|-----|---|----------------|-------------|-----------------------|-----------------------|-----------------------|------------|
| 6. | Our office follows up when we do not receive a report we are expecting from an outside provider | □ ₁ | \square_2 | □3 | □ 4 | □ ₅ | □ 9 |
| 7. | Staff feel like their mistakes are held against them | □1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ 9 |
| 8. | Providers and staff talk openly about office problems | □1 | \square_2 | \square_3 | \square_4 | □ ₅ | □ 9 |
| 9. | This office follows up with patients who need monitoring | □1 | \square_2 | \square_3 | □ ₄ | □ ₅ | □ 9 |
| 10. | It is difficult to voice disagreement in this office | □1 | \square_2 | Пз | \square_4 | □ ₅ | 9 |
| 11. | In this office, we discuss ways to prevent errors from happening again | 1 | \square_2 | □ 3 | □ 4 | □ 5 | □ 9 |
| 12. | Staff are willing to report mistakes they observe in this office | □1 | \square_2 | □ ₃ | \square_4 | □ ₅ | □ 9 |

| | | SECTION E: Owner/ivia | ilagilig i | oo.,_ | | - P - C P | port | |
|---|------------------|---|----------------------------------|-------------------|-------------------------------------|-----------------------|---------------------------|-------------------------------------|
| | | Are you an owner, a managing partner, of financial decisions for your medical officers. | | lership po | sition with | n respor | nsibility for | making |
| | □1 Y | es → Go to Section F | | | | | | |
| | □2 N | No → Continue below | | | | | | |
| | the owr | w much do you agree or disagree with following statements about the ners/managing partners/leadership of ar medical office? | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Does No Apply o Don't Know |
| | | They aren't investing enough resources to improve the quality of care in this office | <u>_</u> 1 | \square_2 | \square_3 | □ ₄ | \square_5 | □9 |
| | | hey overlook patient care mistakes that happen over and over | <u></u> 1 | \square_2 | \square_3 | □ 4 | \square_5 | |
| | | ney place a high priority on improving patient care processes | □1 | \square_2 | Пз | □ ₄ | \square_5 | |
| | ٧ | ney make decisions too often based on what is best for the office rather than what is best for patients | 1 | \square_2 | Пз | □ 4 | \square_5 | |
| → | | CECTION 6 | - W B/ | | | | | |
| | | SECTION F | -: Your IV | ledical C | office | | | |
| | | ow much do you agree or disagree with e following statements? | Strongly | Disagree | Neither Agree nor | Agree | Strongly Agree | Does No Apply o Don't Know |
| | the | ow much do you agree or disagree with | Strongly Disagree | Disagree | Neither Agree nor Disagree | - | Agree | Apply o Don't Know |
| | the 1. | ow much do you agree or disagree with e following statements? When there is a problem in our office, we see if we need to change the way | Strongly Disagree | Disagree | Neither Agree nor Disagree | | Agree | Apply of Don't Know |
| | the 1. 2. | ow much do you agree or disagree with e following statements? When there is a problem in our office, we see if we need to change the way we do things Our office processes are good at preventing mistakes that could affect | Strongly Disagree | | Neither Agree nor Disagree | | Agree | Apply of Don't Know |
| | the 1. 2. 3. | w much do you agree or disagree with e following statements? When there is a problem in our office, we see if we need to change the way we do things Our office processes are good at preventing mistakes that could affect patients Mistakes happen more than they should | Strongly Disagree | Disagree 1 2 | Neither Agree nor Disagree | □ 4 □ 4 | Agree 55 5 | Apply of Don't Know |
| | 1. 2. 3. 4. | ow much do you agree or disagree with e following statements? When there is a problem in our office, we see if we need to change the way we do things Our office processes are good at preventing mistakes that could affect patients Mistakes happen more than they should in this office | Strongly Disagree 1 1 1 1 1 | Disagree 2 2 2 | Neither Agree nor Disagree | | Agree □ □ 5 □ 5 | Apply of Don't Know |
| | 1. 2. 3. 4. 5. | ow much do you agree or disagree with e following statements? When there is a problem in our office, we see if we need to change the way we do things Our office processes are good at preventing mistakes that could affect patients Mistakes happen more than they should in this office It is just by chance that we don't make more mistakes that affect our patients This office is good at changing office processes to make sure the same | Strongly Disagree | | Neither Agree nor Disagree II | | Agree | Apply of Don't Know |

SECTION G: Overall Ratings

Overall Ratings on Quality

1. Overall, how would you rate your medical office on each of the following areas of health care quality?

| | | Poor ▼ | Fair ▼ | Good ▼ | Very good ▼ | Excellent ▼ |
|---------------------|--|-------------|---------------------|-----------|----------------|----------------|
| a. Patient centered | Is responsive to individual patient preferences, needs, and values | \square_1 | <u>2</u> | □3 | □ 4 | □ 5 |
| b. Effective | Is based on scientific knowledge | <u> </u> | ······ <u>-</u> 2·· | □3 | □ 4 | □ 5 |
| c. Timely | Minimizes waits and potentially harmful delays | \square_1 | <u>2</u> | □3 | □ 4 | □ 5 |
| d. Efficient | Ensures cost-effective care (avoids waste, overuse, and misuse of services) | □ 1 | □ 2 | Пз | □ 4 | □ 5 |
| e. Equitable | Provides the same quality of care to all individuals regardless of gender, race, ethnicity, socioeconomic status, language, etc. | 1 | □ 2 | □3 | □ 4 | □ 5 |

Overall Rating on Patient Safety

2. Overall, how would you rate the systems and clinical processes your medical office has in place to prevent, catch, and correct problems that have the potential to affect patients?

| Poor | Fair | Good | Very good | Excellent |
|-------------|-------------|-------------|-------------|------------------|
| ▼ | ▼ | ▼ | ▼ | lacktriangledown |
| \square_1 | \square_2 | \square_3 | \square_4 | \square_5 |

Your Medical Office's Processes Around Diagnosis

The following items ask about **your medical office's processes around diagnosis**. The processes start when a patient seeks care for a health problem, and include:

- o Gathering, integrating, and interpreting information about the patient (e.g., clinical history, physical exam, test and imaging results, referrals),
- o Making an initial diagnosis,
- o Discussing the diagnosis with the patient, and

2. When this office doesn't receive a patient's test

3. All test results are communicated to patients,

When this office makes a high priority referral, we try to confirm whether the patient went to the

results, staff follow up...... \square_1

even if the test results are normal.....

appointment.....

o Following up with the patient and revising the diagnosis over time, as needed

| | o I ollowing up with the patient and revising the | o diagnosis | over time | , as necuci | 4. | | |
|----|---|----------------------|-----------------|----------------------------------|------------|-----------------------|-------------------------------------|
| | SECTION A: | Time Av | ailability | / | | | |
| | ow much do you agree or disagree with the llowing statements? | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Does No Apply o Don't Know |
| 1. | The amount of time for appointments is long enough to fully evaluate the patient's presenting problem(s) | □ 1 | \square_2 | □ ₃ | □ 4 | □ ₅ | |
| 2. | Providers in this office have enough time to review the relevant information related to the patient's presenting problem(s) | □1 | □ 2 | Пз | □ 4 | □ 5 | □ ₉ |
| 3. | Providers in this office finish their patient notes by the end of their regular workday | 1 | \square_2 | □ 3 | 4 | □ ₅ | |
| | SECTION B: Te | sting and | d Referr | als | | | |
| | ow much do you agree or disagree with the llowing statements? | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Does No Apply o Don't Know |
| 1. | This office is effective at tracking a patient's test results from labs, imaging, and other diagnostic procedures | □1 | \square_2 | □ 3 | □ 4 | \square_5 | |

 \square_3

SECTION C: Provider and Staff Communication Around Diagnosis

| | | w much do you agree or disagree with the lowing statements? | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Does Not Apply or Don't Know |
|----|----|--|--|-------------------------|-------------------------------------|-------------|---------------------|---------------------------------------|
| | 1. | Providers in this office encourage staff to share their concerns about a patient's health condition. | \square_1 | \square_2 | Пз | \square_4 | □ 5 | □ 9 |
| | 2. | Providers document differential diagnoses when they have not ruled out other diagnoses | ⊡1 | \square_2 | □ ₃ | \square_4 | □ 5 | □ 9 |
| | 3. | When a provider thinks another provider in this office/system may have missed a diagnosis, they inform that provider | \square_1 | \square_2 | □ 3 | □ 4 | □ 5 | □ 9 |
| | 4. | When a missed, wrong, or delayed diagnosis happens in this office, we are informed about it | . 🔲 1 | □ 2 | Пз | □ 4 | □ 5 | П 9 |
| | 5. | Providers in this office talk directly with specialists/radiologists/pathologists when something needs clarification | □ ₁ | \square_2 | Пз | □ 4 | □ ₅ | □ 9 |
| | | Backgrou | ınd Oue | etione | | | ' | |
| | | Backgrou | and Que | 3110113 | | | | |
| 1. | Но | w long have you worked in this medical office | location? | | | | | |
| | | \square a. Less than 2 months \square d. 3 | years to le | ss than 6 | years | | | |
| | | \Box b. 2 months to less than 1 year \Box e. 6 | years to le | ss than 11 | L years | | | |
| | | \square c. 1 year to less than 3 years \square f. 11 | years or n | nore | | | | |
| 2. | ا | b. 5 to 16 hours per week | k in this m to 32 hou to 40 hou hours per | rs per weers rs per wee | ek ek | on? | | |

3. What is your position in this office? Check ONE category that best applies to your job. ☐a. Physician (MD or DO) ☐b. Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Advanced Practice Nurse, etc. **□c.** Management Practice Manager **Business Manager** Office Manager Nurse Manager Office Administrator Lab Manager Other Manager ☐d. Administrative or clerical staff Insurance Processor Front Desk Billing Staff Receptionist Referral Staff Scheduler (appointments, surgery, etc.) Medical Records Other administrative or clerical staff position ☐e. Nurse (RN), Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN) ☐f. Other clinical staff or clinical support staff Medical Assistant Technician (all types) **Nursing Aide** Therapist (all types) Other clinical staff or clinical support staff \sqcup **g.** Other position; please specify: **Your Comments** Please feel free to write any comments you may have about patient safety or quality of care in your medical office.

Background Questions (continued)

THANK YOU FOR COMPLETING THIS SURVEY.